

**INTRADEPARTMENTAL COUNCIL FOR NATIVE AMERICAN AFFAIRS**  
**TALKING POINTS FOR THE HONORABLE TOMMY G. THOMPSON**  
**APRIL 7, 2004**  
**SML REVISED**  
**TAPED REMARKS**

Good morning. I very much wanted to be with you in person this morning for this meeting of the Intradepartmental Council for Native American Affairs. This work is so critically important. I am extremely proud to be a part of this 4<sup>th</sup> Council Session.

I have made reaching out to Native American communities a priority for all of us at the Department of Health and Human Services. *The strong leadership of this Council demonstrates our commitment to improving the lives of American Indians and Alaskan Natives (AI/AN).*

Deputy Secretary Allen and I have traveled with many of you to all 12 of the Department's Indian Health Service (IHS) Areas over the past three years. In 2003, we visited 19 tribal communities in Indian Country. There, we met with representatives from 104 tribes. *And the more we travel to Indian country, the more we understand the great needs that exist there today.*

I would like to recognize the contributions of several individuals who have worked very hard to insure the success of this Council. Regina Schofield as my Director of Intergovernmental Affairs does an outstanding job providing executive direction to the Council. Andy Knapp my Deputy Chief of Staff is my personal representative to the Council. *Together*, they work tirelessly in support of tribal issues and this Council.

I would also like to thank Quanah Stamps and Chuck Grim the Council's Chair and Vice Chair. *Together, you have made this Council a priority within the Department and their dedication has made this a successful endeavor.*

*To council members who have actively increased the resources going to assist Native Communities, I praise you. To council members who are vigorously working to increase their resources going to assist Native Communities, I thank you. And to council members who have not changed their practices towards Native Communities, I ask you why?*

I was very pleased to learn that the HHS dollars committed to tribes increased *half a billion* dollars between FYs 2001 and 2003. *Provide context – this now equates to the entire HHS budget approximately the entire \*\*\* budget – change from years past, projected budget increases for 2005.*

*data prepared for our Intergovernmental Affairs 2003 Annual Tribal Consultation Report indicates that between FY 2001 and 2003 HHS resources that were provided to tribes or expended for the benefit of tribes increased from \$3.9 billion in 2001 to \$4.4 billion in 2003.*

These gains came as appropriated funding increased, tribal access to non-earmarked funds increased, and as discretionary set asides increased.

We have finished our 2003 HHS Tribal Consultation Report; you have received a copy with your meeting materials. It provides a written record of the priorities that the Department of Health and Human Services and Tribal Leaders are working on together.

Engaging in the Tribal Consultation process is important to all of us. To that end, I attended the Tribal Leaders Region X Consultation Session in Anchorage, Alaska last August. Representatives of more than 160 tribes and over 900 total participants attended our Regional Consultation sessions and I urge each of you to participate in this year's sessions as I plan to do.

I would like to personally acknowledge and thank Dr. Wade Horn and the Administration for Children and Families for hosting the First National ACF National Tribal Consultation Session date in Phoenix. This Consultation Session worked collaboratively with tribes to address human service issues more info.

Additionally, I would like to acknowledge and thank Dr. Dennis Smith and the Centers for Medicare and Medicaid Services for hosting our first Tribal Technical Advisory Group (TTAG). This group met earlier this month to look at the implementation of the changes to Medicare and other issues affecting Medicare and Medicaid for tribes. Include an outcomes statement.

Furthermore, the newly passed Medicare Prescription Drug and Modernization Act includes provisions of significant benefit to American Indian and Alaska Native tribes. These provisions include better federal reimbursement and prescription drug benefits. We are in the process of preparing tribal specific briefings and information materials for distribution to the tribes. Has this been done? When will it be discussed? Comment on that here?

Do we need to 'publicly acknowledge' any other OPDIVs?

Add a word on JG's trip to Alaska. Use this as transition.

*I would like to also thank those of you who have traveled to Native communities to see first hand the needs that exist there and find ways to make the resources more broadly available.*

I would like to reiterate a very important point that I last made during the Region X Consultation Session in Anchorage, Alaska. Historically, the culture within HHS has been that all Indian issues were the responsibility of the Indian Health Service. I find this culture unacceptable. Therefore, I have made it clear across this entire Department that this view must change. All Divisions have a responsibility to the citizens of this nation including American Indians and Alaska Natives. As such we will be looking to each Division for ways to increase tribal access to their programs.

I believe that through a Department-wide collaboration and partnership with tribes and native organizations our worth will be strengthened and our outcomes will be greater.

This Council has passed many milestones, but I urge you to work together to follow through on your legislative priority of 2003: the passage of the reauthorization of the Indian HealthCare Improvement Act. I want to make it clear that passage of this legislation along with the reauthorization of the Native American Programs Act is a priority of mine. I urge you to work with all of the parties involved – the Congress, the Tribes, and the White House to get this important work done.

In closing, I look forward to joining with you as we focus our resources and energy on the needs of our native people. I entrust in you the future progress, hope, and direction of our Intradepartmental Council on Native American Affairs.

Thank you

I have been in communities without basic water and sewer infrastructure. We have seen facilities that are being used well beyond their life span, and we have seen the ills of poor health and lack of transportation.

One of the highest priorities we are focusing on at the Department is eliminating the health disparities that exist not just among Native Americans, but among all communities of color. I am happy to see that you have identified that as a focus of this Council as well.

Just as an example of what we see today, an American Indian baby is 1.5 times more likely to die in the first year of life than a white baby. And American Indians suffer from diabetes at nearly three times the average rate, with prevalence among some American Indian/Alaska Native tribes as high as 50 percent.

Statistics like these are unacceptable, and we must all work on ways to make sure these disparities end.

Right now in the area of infant mortality, we are focusing on Sudden Infant Death Syndrome (SIDS), which accounted for 14% of all American Indian/Alaska Native infant deaths in 2001.

Ladies and Gentlemen, SIDS is preventable, and we can do so much good with just a simple campaign to let families know that babies need to sleep on their backs. We have seen great success with *Back to Sleep Campaigns* across the country, and we will begin to focus on areas in native communities now with this message.

We need to focus on research and expand our efforts to strengthen the science around infant mortality. We need evidence-based strategies to reduce risk factors for infant mortality and to improve access to health information and health care for people in native communities.

In the area of diabetes, the President's Challenge and Steps to a Healthier U.S. fitness and prevention campaigns are essential to fighting this epidemic.

Through the work of this Council much has been done this past year.